

<i>SERFF Tracking Number:</i>	<i>ACEH-125571574</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-2007573</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-GL-2007573</i>		
<i>Project Name/Number:</i>	<i>ACE Medical Risk/08-GL-2007573</i>		

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 08-GL-2007573

SERFF Tr Num: ACEH-125571574 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-GL-2007573

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Connie McFarlane, Barb Niles, CPCU, ARP, Bob Wolfrom

Disposition Date: 03/27/2008

Date Submitted: 03/24/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: ACE Medical Risk

Status of Filing in Domicile:

Project Number: 08-GL-2007573

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/27/2008

State Status Changed: 03/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce two independent forms for use with our Life Sciences Medical Risks policies.

Policy coverage is provided by the approved ISO CG 00 01 General Liability Coverage Form.

Both of the following endorsements will be mandatory on all policies. There will be no rating change with the attachment of these forms.

SERFF Tracking Number: ACEH-125571574 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-GL-2007573
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: 08-GL-2007573
 Project Name/Number: ACE Medical Risk/08-GL-2007573

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 X 1 COMPANY
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	03/24/2008	18881161

<i>SERFF Tracking Number:</i>	<i>ACEH-125571574</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-2007573</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-GL-2007573</i>		
<i>Project Name/Number:</i>	<i>ACE Medical Risk/08-GL-2007573</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/27/2008	03/27/2008

SERFF Tracking Number: *ACEH-125571574* *State:* *Arkansas*
Filing Company: *ACE American Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-GL-2007573*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *08-GL-2007573*
Project Name/Number: *ACE Medical Risk/08-GL-2007573*

Disposition

Disposition Date: 03/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125571574 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-GL-2007573
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: 08-GL-2007573
 Project Name/Number: ACE Medical Risk/08-GL-2007573

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILE MEMO	Approved	Yes
Form	CLINICAL TRIALS EXCLUSION	Approved	Yes
Form	PRODUCTS COMPLETED	Approved	Yes
	OPERATIONS HAZARD EXCLUSION		

SERFF Tracking Number: ACEH-125571574 State: Arkansas

Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-GL-2007573

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: 08-GL-2007573

Project Name/Number: ACE Medical Risk/08-GL-2007573

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CLINICAL TRIALS EXCLUSION	LD-23315	09/07	Endorsement/Amendment/Conditions	New		LD23315 Clinical Trials Exclusion.pdf
Approved	PRODUCTS COMPLETED OPERATIONS HAZARD EXCLUSION	LD-23319	09/07	Endorsement/Amendment/Conditions	New		LD23319 Products Completed Ops.pdf

CLINICAL TRIALS EXCLUSION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that the Exclusions sections of Coverage A, Bodily Injury and Property Damage Liability, Coverage B, Personal and Advertising Liability, and Coverage C, Medical Payments are amended by adding the following exclusion:

- Clinical Trials

"Bodily injury" or "property damage" or "personal and advertising injury" arising out of manufacture, handling, distribution or disposal of "pharmaceuticals", "biologics" or "medical devices" in connection with a "human clinical trial".

- "Human clinical trial" means any organized study which provides clinical data for the assessment of the effects of a "pharmaceutical", "biologic", or "medical device" on humans.
- "Pharmaceutical" means any substance administered orally, topically, or via injection, to treat, diagnose, cure, mitigate or prevent sickness or disease.
- "Biologic" means any product (such as a globulin, serum, vaccine, antibody, antigen or analogous product) used in the prevention or treatment of sickness or disease. Biologic products also include blood and blood components used for transfusion or for the manufacture of pharmaceuticals derived from blood and blood components, such as clotting factors.
- "Medical device" means any product, other than a "pharmaceutical" or "biologic", that has an application in therapeutic or diagnostic medicine.

All other terms and conditions of this policy remain unchanged.

Authorized Agent

PRODUCTS COMPLETED OPERATIONS HAZARD EXCLUSION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that:

1. Section I, Insuring Agreements, subsection 2, Exclusions of Coverage A, Bodily Injury and Property Damage Liability, is amended by adding the following exclusion:
 - Products Completed Operations Hazard
"Bodily injury" or "property damage" included within the "products-completed operations hazard".
2. Section V, Definitions, is amended as follows:
 - a. By adding the following to subsection (a) of the definition 21, "your product" and to subsection (a) of definition 22, "your work":
 - "human clinical trials" of products you have under research or development.
 - b. By adding the following definitions:
 - "Human clinical trial" means any organized study which provides clinical data for the assessment of the effects of a "pharmaceutical", "biologic", or "medical device" on humans.
 - "Pharmaceutical" means any substance administered orally, topically, or via injection, to treat, diagnose, cure, mitigate or prevent sickness or disease.
 - "Biologic" means any product (such as a globulin, serum, vaccine, antibody, antigen or analogous product) used in the prevention or treatment of sickness or disease. Biologic products also include blood and blood components used for transfusion or for the manufacture of pharmaceuticals derived from blood and blood components, such as clotting factors.
 - "Medical device" means any product, other than a "pharmaceutical" or "biologic" that has an application in therapeutic or diagnostic medicine.

All other terms and conditions of this policy remain unchanged.

Authorized Agent

<i>SERFF Tracking Number:</i>	<i>ACEH-125571574</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-2007573</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>08-GL-2007573</i>		
<i>Project Name/Number:</i>	<i>ACE Medical Risk/08-GL-2007573</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125571574 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-GL-2007573
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: 08-GL-2007573
Project Name/Number: ACE Medical Risk/08-GL-2007573

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/27/2008

Comments:

Attachments:

AR NAIC Transmittal _F_.pdf
Forms Filing Schedule - GL.pdf

Satisfied -Name: FILE MEMO **Review Status:** Approved 03/27/2008

Comments:

Attachment:

Filing Memo - Form.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---


3.	Group Name	Group NAIC #
	ACE USA	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE American Insurance Company	PA	22667	95-2371728

5. Company Tracking Number	08-GL-2007573 (F)
-----------------------------------	-------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robert Wolfrom 510 Walnut Street WB04G Philadelphia, PA 19106	Sr Regulatory Specialist	(215) 640- 5123	(215) 640-4986	Robert.wolfrom@ace- ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Robert Wolfrom

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	03/24/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-GL-2007573 (F)
-----	---	-------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	---

The purpose of this filing is to introduce two independent forms for use with our Life Sciences Medical Risks policies. Policy coverage is provided by the approved ISO CG 00 01 General Liability Coverage Form.

Both of the following endorsements will be mandatory on all policies. There will be no rating change with the attachment of these forms.

Forms:

Endorsement LD-23315, Clinical Trials Exclusion is required to be attached to the ISO General Liability Coverage Form for any Life Sciences Commercial Package Policy.

Endorsement LD-23319, Products Completed Operations Hazard Exclusion is required to be attached to the ISO General Liability Coverage Form for any Life Sciences Commercial Package Policy.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

ACE Forms Schedule

	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Broaden, Restrict, or Clarify	Mandatory / Optional/ Rate Impact
01	Clinical Trials Exclusion	LD-23315 (09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input checked="" type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
02	Products Completed Operations Hazard Exclusion	LD-23319 (09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input checked="" type="checkbox"/> Clarify	<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact

ACE American Insurance Company
Explanatory Memo
Forms

The purpose of this filing is to introduce two independent forms for use with our Life Sciences Medical Risks policies. Policy coverage is provided by the approved ISO CG 00 01 General Liability Coverage Form.

Both of the following endorsements will be mandatory on all policies. There will be no rating change with the attachment of these forms.

Forms:

Endorsement LD-23315, Clinical Trials Exclusion is required to be attached to the ISO General Liability Coverage Form for any Life Sciences Commercial Package Policy.

Endorsement LD-23319, Products Completed Operations Hazard Exclusion is required to be attached to the ISO General Liability Coverage Form for any Life Sciences Commercial Package Policy.

Rule:

See companion filing 08-GL-2007573(R).